

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1957

57017909  
STATE FILE NUMBER

Registration District No. 206

Primary Registration District No. 5748

Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <u>MAISON</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WAYNE</u> ✓			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>MINE LA MOINE</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <u>LEAPER</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 6 1/2 MILES NORTH INSTITUTION <u>FREDERICKTOWN</u> Length of stay in 1b				d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD LEVI COLE</u>				4. DATE OF DEATH Month Day Year <u>MAY 29 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN. 25 1939</u> 18	
9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		11. BIRTHPLACE (City and state or country) <u>MILL SPRING MO.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MILL SPRING MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>BERT COLE</u>				14. MOTHER'S MAIDEN NAME <u>MARY AILEEN JOHNSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>493-40-0193</u>		17. INFORMANT Address <u>CERTIFICATE OF BIRTH</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BROKEN NECK, BROKEN LEFT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>LEG &amp; ANKLE POSSIBLE FRACTURED</u> DUE TO (c) <u>SKULL &amp; INTERNAL INJURY</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>CAR HIT MOTORCYCLE, WHILE PUSHING</u>					
20c. TIME OF INJURY Hour Month, Day, Year <u>9.45 p.m. 5 29 57</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HW. 67 NORTH</u>					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>6 1/2 MILES NORTH OF FREDERICKTOWN</u>		20g. COUNTY <u>MAISON</u>		20h. STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>9.45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ray Wilson Coroner Madison County</u>				22b. ADDRESS <u>FREDERICKTOWN MO.</u>		22c. DATE SIGNED <u>5-31-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>6-1-57</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>ALWOOD</u>		23d. LOCATION (City, town, or county) (State) <u>REYNOLDS COUNTY MO.</u>	
24. FUNERAL DIRECTOR, ADDRESS <u>William Eader</u>				25. DATE RECD. BY LOCAL REG. <u>6-1-1957</u>		26. REGISTRAR'S SIGNATURE <u>Therence Dickert</u>	

(Licensed Embolmer's Statement on Reverse Side)

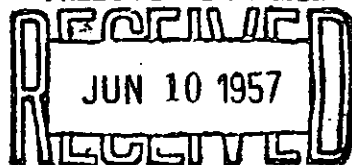
Health, Welfare, Public Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MADISON COUNTY HEALTH DEPT.

FREDERICKTOWN, MO.



FILE No. 657-34

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed William Eoder

Licensed Embalmer No. 372

P. O. Address Redmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.